

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						DD5/00-008	
1. TITLE OF REPORT (if a fill-in report include Form No.)						2. TYPE OF REPORT	
Top Secret Inventory						<input type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input checked="" type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		2	
		LOGISTICS		SECURITY		ADMIN. GENERAL	
		MEDICAL		FINANCE		OTHER (specify)	